



Adult Program Trip Old Salem, NC

Wednesday, December 10, 2014

Join us as we go back to the time of the late 1700's enjoying the sights, sounds and smells of a historic old town. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 7:30am. We will be traveling to the historic town of Old Salem, founded in 1766. Decorated for the holiday season with wreaths hung from doors, lampposts and fences wrapped in greenery and the sound of music and smells of fresh baked goods fill the air. The group will have a guided tour of Museum of Early Southern Decorative Arts, MESDA. It includes artistry and craftsmanship from the 1670's through the early nineteenth century. Following the tour you will have time on your own for the approximately 3 hour self-guided historic tour, with costumed interpreters and trades people greeting you in the historic buildings. During this time you will have the opportunity to shop and have lunch at your own pace. We always encourage you to wear comfortable walking shoes and clothing. The group will arrive back at the Anne Gordon Center at approximately 5:30pm. **Deadline for registration is Friday, November 7. Please call 919-996-4720 for any registration after November 7.**

Price: \$73.00 City of Raleigh Resident

\$88.00 Non-City of Raleigh Resident

Price Includes:

Transportation via charter bus, MESDA guided tour and self-guided historic tour, lunch will be on your own.

Patron Expectations:

This trip has a moderate volume of walking expected, including some steps, and uneven paths with loose bricks and gravel. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

Cancellation Policy:

Cancellations must be made, in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

To register return the bottom portion of the back page with payment to:

Anne Gordon Center for Active Adults

Adult Program

1901 Spring Forest Road Raleigh, NC 27615



RALEIGH Parks,
Recreation and
Cultural Resources
parks.raleighnc.gov

Anne Gordon Center for Active Adults
1901 Spring Forest Road
Raleigh, NC 27615
919-996-4720



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Make checks payable to: City of Raleigh

To Register: Complete the form below and return with full payment to:

Anne Gordon Center for Active Adults

Adult Program

1901 Spring Forest Road Raleigh, NC 27615

For Additional Information Contact : Adult Program Staff at (919)996-4720 or (919)996-4730

Keep top portion for your records

Winston Salem, NC Trip December 10, 2014

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

Signature of participant

SIGNATURE

Date signed

DATE

Name of Participant _____ Roommate: _____ N/A _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email: _____

Emergency Contact _____ Work/Home Phone _____ Cell _____

I understand that there is no one-on-one assistance provided by Raleigh Parks and Recreation Staff

Initial

INITIALS

Payment by Credit Card (check one): ___ Visa ___ MasterCard ___ American Express

Credit Card #: _____ Exp. Date: _____

Name as it appears on the credit card: _____

Amount to be Charged: _____ Signature: _____ Todays Date: _____

NON-DISCRIMINATION POLICY: The City of Raleigh does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with either the Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes, hemophilia, asthma, etc.):